

Case Number:	CM15-0076754		
Date Assigned:	04/28/2015	Date of Injury:	11/16/2012
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old male, who sustained an industrial injury on November 16, 2012. He reported low back pain right hip pain and mid back pain. The injured worker was diagnosed as having lumbar spine disc bulges with radiculopathy, lumbar sprain/strain, right hip contusion and sprain/strain and thoracic sprain/strain. Treatment to date has included diagnostic studies, chiropractic care, acupuncture therapy, epidural injections, medications and work restrictions. Currently, the injured worker complains of mid and low back pain and right hip pain with radiating pain to the lower extremities with associated numbness and tingling. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 16, 2014, revealed continued pain as noted however, he reported a 60 percent decrease in pain intensity since the epidural injection. Aqua therapy of the lumbar spine was requested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aqua Therapy, 3 times per wk for 4 wks, Lumbar Spine (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy three times per week for four weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Unsupervised pool use is not aquatic therapy. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are disc protrusions from C3 through C7 for MRI; lumbar spine disc protrusion L5 - S1, L2 - L3; chronic L5, S1 nerve root irritation bilaterally; and right hip sprain/strain. The injured worker's date of injury is November 16, 2012. According to an Agreed Medical Examination (AME) updated December 15, 2014, the injured worker received chiropractic treatment, physical therapy and acupuncture. The injured worker receives 24 acupuncture treatments and 24 chiropractic treatments. The total number of physical therapy sessions was not noted in the medical record documentation. Subjectively, the injured worker had neck and low back pain. There was a VAS pain score of 9/10. The injured worker changed treating providers and presented to a new orthopedic provider on April 2, 2015. The treating provider requested aqua therapy three times per week times four weeks to the lumbar spine. There is no clinical rationale for aquatic therapy. There is no documentation of failed land-based physical therapy. There is no documentation of objective functional improvement with prior physical therapy. The total number of physical therapy sessions before changing providers is not documented in the medical record. There are no compelling clinical facts in the medical record indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy, the total number of physical therapy sessions received by the injured worker, and a clinical rationale for aquatic therapy, aquatic therapy three times per week for four weeks to the lumbar spine is not medically necessary.